

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/019980

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4		1		1		
5	1		1			
6		1		1		
7		1		1		
8		2	2			
9		6		1		
10		1		1		
11		1		1		
12		1		1		
13		1		1		
14		1		1		
15		1		1		
16		1		1		
17		1		1		
18		1		1		
19		1		1		
20		1		1		
21		1		1		
22		1		1		
23		1		1		
24		1		1		
25		1		1		
26		1		4		
27		1		1		
28		1		1		
29		1		1		
30		1		1		
31		1		1		
32		1		1		
33	1		1			
34		1		1		
35	1		1			
36		1		1		
37	1		1			
38		1		1		
39		6		1		
40				1		
41				1		
42				1		
43				1		
44				1		
45				1		
46				2		
47				1		
48				1		
49				1		
50				1		
TOTAL IND.	5					
TOTAL DEP.	45					
TOTAL CLAIMS	50					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51				2		
52				2		
53				1		
54				1		
55				1		
56				1		
57				1		
58				1		
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96						
97						
98						
99						
100						
TOTAL IND.				5		
TOTAL DEP.				53		
TOTAL CLAIMS				58		

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS